

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE						
							APPLICANT(S)								
							CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51								
2		/					52								
3		/					53								
4		/					54								
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19	X	X					69								
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43		/					93								
44		/					94								
45		/					95								
46		/					96								
47		/					97								
48		/					98								
49		/					99								
50		/					100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS	2						TOTAL CLAIMS								